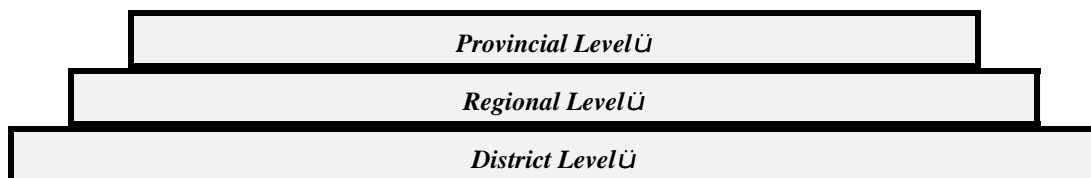


Handbook for Strategic and Operational Planning



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Handbook for Strategic and Operational Planning

“We are tackling 20-year problems with five-year plans, staffed with two-year personnel, funded by one-year appropriations.”

-Harlan Cleveland

I. Introduction

The health needs and issues of the developing world are many and varied. In addition, the infrastructure which has been developed to respond to those needs is extensive and complex, while the resources which are available for its operation are severely constrained. Plans help managers to direct scarce resources to those activities that will produce the most impact.

A. What is a Work Plan?

A work plan functions like a blueprint: it identifies the steps required to achieve a larger goal. For example, identification of information needs, design of data collection and reporting forms, and training of personnel are three of the steps in the development of an information system. Aside from guiding managers and planners through a series of steps, however, work plans also provide some of the required information and an opportunity to review the feasibility of the larger goal. Although the goal may be to improve the overall health status of a specific target population, if the resources do not exist to complete even the most fundamental steps, it will be necessary to either: (1) adjust the goal to make it attainable or (2) find the additional resources required for its achievement.

In addition, health problems and the availability of resources with which to address them change from time to time. Such changes are likely to be particularly frequent during reform processes such as those currently occurring throughout the developing world. Good work plans must, therefore, be flexible. Effective managers use work plans as guidelines rather than as rigid, unalterable prescriptions. They make adjustments to their work plans in accordance with changing circumstances.

B. Why do we Plan?

We plan because the supply of material, financial and human resources is limited. A carefully developed work plan is the best way to guarantee that these limited resources are organized and used productively.

Two alternative contexts exist in which work plans may be developed. First, the quantity of resources available may be known with considerable accuracy. In this context, a work plan may be developed to guide and achieve the maximum possible progress toward a goal within the existing resource constraints. In the second context, the availability of resources may be less rigidly constrained, a work plan may be created to justify a request for the resources required to reach the desired goal. Regardless of whether the work plan is developed before or after the allocation of resources, it is intended to assure the maximum possible achievement with those resources.

C. What is the Planning Process?

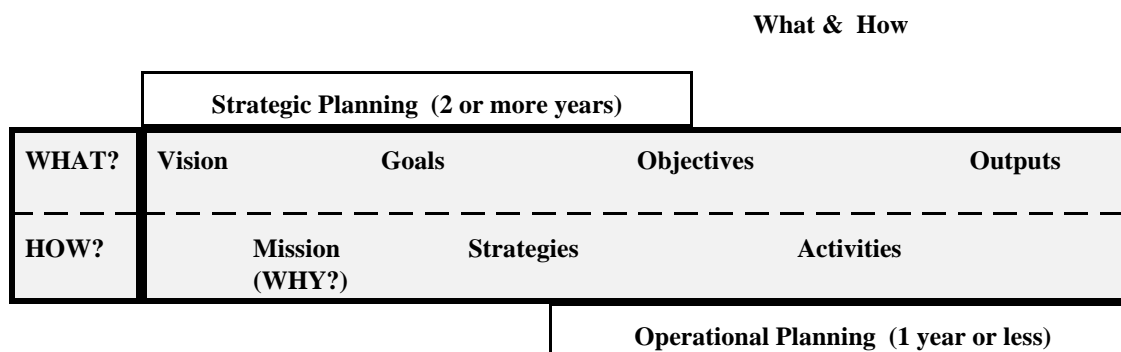
Work plans can and should be developed for different levels and over distinct periods of time. They may be developed for the central, provincial, regional, district and facility levels. They may also be developed by and for individuals. Similarly, work plans can be developed every five years, annually, quarterly, monthly or weekly. The appropriate type of plan depends on the manager's needs. The work plan process to be described in this Handbook is designed to meet the planning needs of an organization or institution working within a decentralized setting.

The work plan process or cycle can be reduced to five essential questions:

1. Where are we now? (health assessment, management assessment)
2. Where do we want to be? (goals, objectives)
3. Generally, how will we get there? (strategies)
4. Specifically, what will we do? (activities, outputs, resources, time)
5. How will we know if we are making progress? (support, monitoring, evaluation)

Perhaps more than a cycle, planning is a continuum made up of a series of *whats* and *hows*. *What* are you going to do? Create a vision, identify goals, establish objectives, and program outputs. *How* are you going to do this? By drafting a mission, selecting strategies, and scheduling activities.

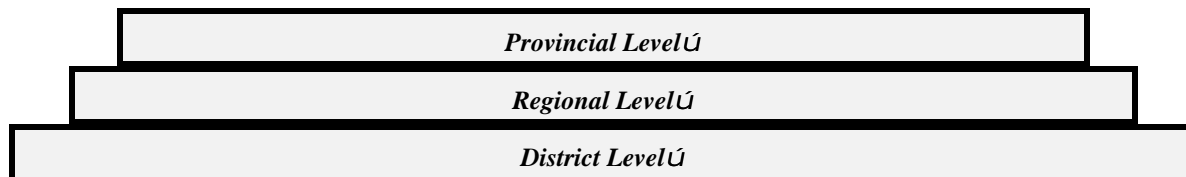
The Planning Continuum:



A **Strategic Plan** helps identify, in general terms, how we will get where we want to go by identifying the general method (Question #3) the organization will apply to progress from the current situation (Question #1) to the desired situation (Question #2). Strategic plans usually state and focus on the organization's fundamental goals. They may also identify and prioritize the component objectives of its general goals.

Strategic plans direct the overall effort of the organization and are prepared and approved by top management, using information from all levels of the organization. Completed strategic plans are then disseminated to the lower-tiers of the organization, so that pertinent operational plans can be drafted.

Strategic Planning Process



Strategic plans for the health sector require a clear understanding of the present health, demographic, and socio-economic status of the population, and a strong sense of the extent to which conditions can be improved in a given period of time. They also require a thorough understanding of the technologies and/or interventions (the methods or “strategies”) that should be applied to achieve the greatest progress. Finally, they require substantial knowledge of the types and quantities of resources required to implement specific interventions, as well as the feasibility of obtaining those resources.

Strategic plans usually extend over for several years. Because they focus on fundamental medium to long term goals and objectives, they are often used to justify the allocation of resources to achieve a desired, relatively ambitious set of goals. Strategic plans are normally reviewed only once every year or two.

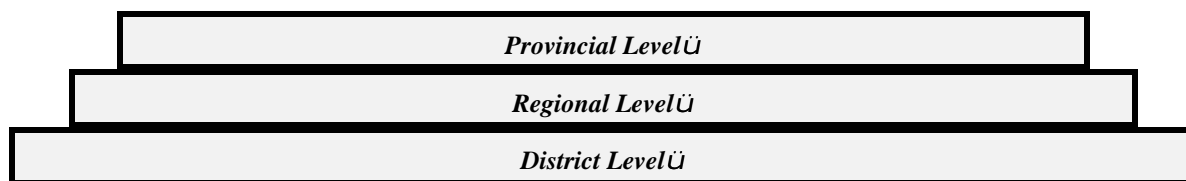
Summary of Strategic Planning Process

What needs to be done?	Who should do it?	How long will it take?
1. Conduct a review of management, demographic, and socio-economic, and programmatic information to determine where the organization, institution, or department is at present.	Department heads at the highest level of the planning process (ministerial officers, department heads, department head and senior staff).	3-5 days
2. Based on the assessment of the present situation, identify goals indicating a future direction; and objectives that will determine how progress will be indicated and measured.		
3. Determine how those objectives will be met by selecting the most appropriate strategies.		

Once a strategic plan is developed and approved, staff at ***all levels*** should develop detailed ***Operational Plans***, which translate the general strategies outlined in the strategic plan into a comprehensive package of specific activities (Question #4) that will best help us to implement the strategies. Operational plans rarely extend beyond a year and should probably be reviewed at least monthly and adjusted quarterly. Generally, each activity and the total set of activities selected for an operational plan should be feasible within given resource constraints. Operational plans are not usually used to justify the allocation of resources.

Operational planning should be from the bottom up to the extent that higher levels in the organization should include in their plans the support required by lower level(s).

Operational Planning Process



The activities included in an operational plan should be sufficiently detailed to assure the timely identification of delays that may retard overall implementation of the strategy. An operational plan guides managers' daily decision-making.

Summary of Operational Planning Process

What needs to be done?	Who should do it?	How long will it take?
1. Review the objectives and strategies selected at the higher level for implementation. 2. Chose those activities which can be carried out at the respective level to fulfill the stated objective. 3. Identify outputs that will provide tangible evidence that the activities were executed. 4. Identify who will be responsible for executing the activities and producing the outputs. 5. Specify the financial resources and time required to complete the activity and produce the outputs.	The Planning Groups working at each level are responsible for translating the strategic plan into a one-year operational plan. Again, the process should start at the lowest level of the planning continuum so that each subsequent level is planning the activities required to support the lower levels.	5-10 days

D. How do we Check the Progress of our Plans?

While the third and fourth questions guide the implementation of a work plan, the fifth, “*How will we know if we are making progress?*” requires measurement of how much has been accomplished toward meeting the established goals. To “evaluate” progress towards the goals contained in **strategic plans**, SMART (specific, measurable, appropriate, realistic and time-bound) objectives are often used. Partial or complete fulfillment of an objectives “indicates” that progress has been made. Evaluations are most often scheduled so that their results support reviews of strategic plans. The frequency and timing of evaluations should be included in the strategic plan. The strategic focus of evaluations implies the interest and involvement of the organization’s top management. To assure objectivity, evaluators are often recruited from outside the organization, or from a section of the organization that is not directly involved in the implementation of the strategic plan.

To “monitor” the progress or completion of the activities in **operational plans**, “outputs” (often documents) are usually identified that enable the manager to objectively determine if an activity is progressing or has been completed. The outputs included in operational plans constitute the indicators of progress. It is assumed that, if all the activities are executed as scheduled, the anticipated progress in strategy implementation and goal achievement will have also been made.

Monitoring is a joint responsibility of both supervisors and supervised staff and should occur continually; it should include comprehensive monthly and/or quarterly reviews that result in adjustments to the operational plan, as well as scheduled support across and between the various levels of the organization. These reviews included in the operational plan.

Both evaluation and monitoring activities should result in the identification of support needs; be they across Programs, Units, Branches, or Directorates, at the central or provincial level, or between the various levels of the system, those responsible for evaluating and monitoring the progress of the plans should recommend where and how performance needs to be improved, so that the plans can be implemented with the greatest success possible.

E. How is this Handbook Organized?

The *Handbook* is organized into 3 distinct phases of planning, the last two of which overlap in time:

1. Development of strategic plans
2. Development of operational plans
3. Support and monitoring of operational plans

Each phase is presented in a separate section that is further divided into 4 parts:

1. The process
2. Definitions of terms
3. Tools
4. Planning worksheets

II. The Development of Strategic Plans

A. The Process

As discussed, strategic planning focuses on where we are, where we wish to go and, in general terms, how we expect to get there. Many countries already have national strategic plans or directives, which indicate, for the country as a whole, where we are and where we wish to go. This guidance can be adapted by the lower levels of the system to produce decentralized strategic plans.

The strategic planning process consists of 5 sequential activities:

1. Create a Vision
2. Define a Mission Statement
3. Identify Goals
4. Select Strategies
5. Establish Strategic Objectives

B. Useful Definitions

1. The Vision

An organization's vision summarizes in general terms *what* it wishes to achieve. The vision of the organization should convey to the staff and to the community at-large, what it foresees as the future, final result of its efforts. The vision should clearly reflect the intentions of the institution, although it may not be the only institution responsible for its achievement.

Example: When establishing the National Space Program (NASA) of the USA, President John F. Kennedy shared his *Vision* of "putting a man on the moon and returning him safely back to earth by the end of the decade."

2. The Mission Statement

Mission statements are usually a brief, general description of the type of organization, its overall purpose, and its principal values. While the vision identifies *what* an organization wishes to see accomplished, its mission statement should concisely summarize in very general terms *how* it will contribute to the achievement of its vision.

Example: The *Mission* of the Department of Health and Welfare of a Province in an African country is “To provide and ensure accessible, comprehensive, integrated health services in the Eastern Cape Province emphasizing the primary health care approach, utilizing and developing all resources to enable all its present and future generations to enjoy good health and quality of life.”

Example: The *Mission* of the National Department of Health in one developing country is “To provide leadership and guidance to the National Health System in its efforts to promote and monitor the health of all people [of the country], and to provide caring and effective services through a primary health care approach.”

3. Goals

A goal is a broad description of the anticipated medium to long-term results of our efforts to close the gap between where we are and where we want to be. An organization’s goals provide further information on *what*, within the context of our mission statement, it will accomplish to contribute to the achievement of its vision.

Example: One developing country offers these National level goals as the basis for planning:

1. “The establishment of a national framework for the training and development of health personnel.”
2. “The equitable distribution of physical resources.”

4. Strategies

The strategies define the route by which (*how*) an organization will achieve its goals in the medium to long term. Strategies are still relatively general statements of what is to be done. While goals may constitute a unique, comprehensive set of planned achievements which, when accomplished, will signify achievement of the institution’s mission, there are usually *alternative* ways by which goals may be achieved. Identification of an organization’s strategies involves considering all possible strategies and then selecting one or more which, when implemented, will contribute to the achievement of the corresponding goal(s). The best strategies are those that:

1. Contribute to achievement of our organization’s goals;
2. Produce the greatest such contribution with smallest quantity of resources;
3. Are feasible given the resources and context within which we work; and
4. Are compatible with other strategies selected for the same and other goals.

Example: Using one of the goals from a Health Region in a developing country's strategic plan, some possible *Strategies* are shown.

GOAL:

"To provide integrated, comprehensive reproductive, mother, child and women's health."

POSSIBLE STRATEGIES:

1. Develop and implement norms for the provision of integrated services
2. Establish post-partum reproductive health services
3. Strengthen the supervision of health facilities
4. Provide sex education in the schools

Example: Using an example of a goal from the National level of a developing country, some possible *Strategies* are shown.

GOAL:

"The establishment of a national framework for the training and development of health personnel."

POSSIBLE STRATEGIES:

1. Develop a comprehensive projection of health personnel requirements by category
2. Develop consensus regarding funding of training for public and private sector personnel
3. Develop and implement accreditation norms and procedures for training institutions
4. Develop and implement licensing norms and procedures for health professionals

5. Objectives

For each strategy selected, there should be a substantial number of relatively specific objectives. For example, the list of possible objectives to be achieved through the development and implementation of norms for the provision of integrated services is very long. Good managers, however, have neither the time nor the resources to track all possible objectives. Rather, they use one or two "tracer" objectives to *indicate* progress on the implementation of a given strategy. It is *assumed* that measured improvements in these "tracer" objective(s) probably *indicates* similar improvement in the other objectives that should result from implementation of the same strategy. For day-to-day management this indication is sufficient. The validity of the *assumption*, however, should be checked occasionally through in-depth evaluations.

To be useful as management tools objectives should be SMART; that is, they should be:

S	K	Specific
M	K	Measurable
A	K	Appropriate
R	K	Realistic
T	K	Time bound

Specific objectives are clearly and unambiguously stated. In other words most health workers would have a common understanding of the objective.

Measurable objectives are those for which progress can be objectively verified and, preferably, quantified. In other words, most managers would agree on the degree of progress.

Appropriate objectives are those for which progress is most directly related to the implementation of only one of the selected strategies. Thus any progress that is made can be attributed with a high degree of confidence to successful implementation of that strategy, and it can therefore be assumed that similar progress is likely to have been made on other objectives linked to that strategy.

Realistic objectives are those that are feasible with the resources that will probably be available. Objectives that managers can not achieve tend to discourage managers and staff, during implementation of the plan.

Time bound objectives specify a date by which they are to be achieved. Managers must know when a given objective is to be achieved, firstly because many objectives are interrelated and, secondly, because the quantity and scheduling of the resources required to accomplish the objective depends upon when the objective is to be achieved.

Example: Using the first strategy from the previous example, we can identify many possible *objectives* (of which only 5 illustrative examples are listed below) which should result from timely implementation of the strategy, and from which we may select two SMART *tracer objectives* for frequent monitoring.

POSSIBLE STRATEGY:

Develop and implement norms for the provision of integrated services

POSSIBLE OBJECTIVES:

1. 85% measles immunization coverage in children 12 - 18 months of age by (specific date)
2. 85% DPT3 coverage in children 12 - 18 months of age by (specific date)
3. Less than 20% of first ANC visits are for women in third trimester of pregnancy by (specific date)
4. 95% of health clinics offer reproductive health services by (specific date)
5. 90% of STD cases being managed according to syndromic management norms by (specific date)

POSSIBLE TRACER OBJECTIVES:

1. 85% DPT3 coverage in children 12 - 18 months of age by (specific date)
2. 95% of health clinics offer reproductive health services by (specific date)

Applying the SMART criteria to the tracer objectives we see:

1. 85% (**measurable**) DPT3 (**specific**) coverage (**appropriate**) in children 12 - 18 months of age (**realistic**) by a specific date (**time bound**)
2. 95% (**measurable**) of health clinics (**specific**) offer (**realistic**) reproductive health services (**appropriate**) by a specific date (**time bound**)

C. Tools

1. *How to Identify Goals*

Numerous tools exist to help define organizational goals. In this section, the **SWOT Analysis** is reviewed. This tool can also be applied prior to developing an organization or institution's vision or mission. It is best applied in a brainstorming (general discussion) session among planning team members. The SWOT Analysis facilitates the identification of obstacles, threats, weaknesses, opportunities and strengths of the situations in which we work. The tool also promotes discussion about what an organization desires to change. These desired changes constitute an organization's goals.

The SWOT Analysis

The SWOT analysis starts with the collection data, including, but not limited to:

1. Geographic conditions
2. Infrastructure
3. Demographic and health indicators
4. Socio-economic indicators
5. Existing health policies and regulations
6. Donor support

The data and information that has been collected about the a Health Department's environment normally reveals the *external* opportunities and threats to the Department, while the management, programming, and financial and resource capabilities of the Department identify its *internal* strengths and weaknesses. The exercise requires that all four quadrants of the framework contain the required information. This information is used to determine where the organization can go - or, the goals of the organization. These goals should reflect the external opportunities presented in the environment, and the internal strengths within the organization that will allow it to capitalize on the opportunities.

The following box provides an illustrative example of a revised version of the SWOT analysis, developed by Kearns.

SWOT-with-a-Twist Exercise

Round 1: Guide the group to identify external opportunities and threats. Then, for each opportunity or threat identified, ask the group, the following questions:

"Which of our strengths will help us capitalize on this opportunity or avert the threat?"

"What weakness will prevent us from capitalizing on this opportunity or averting this threat?"

For example:

INTERNAL FACTORS	EXTERNAL FACTORS	
	Opportunities: <i>Improved economy - new emerging middle class</i> <i>New policies permitting public health sector to charge fees for services</i>	Threats: <i>Difficulty competing with private sector and NGO service providers</i>
Strengths: Competitive Advantage <i>Recognition</i> <i>Location of clinic</i>	[this is about leveraging competitive advantage] <i>How do we use the fact that we are widely recognized by and accessible to the rural poor and urban poor to draw this new (paying) middle class to our clinics?</i> <i>Are clinics offering what these paying clients want or need?</i>	[this points to ways in which resources may be mobilized to avert threats] <i>How do we distinguish ourselves from others?</i> <i>How can we improve our services to entice rural and urban poor to pay a fee?</i>
Weaknesses: Systems <i>Inadequate accounting system</i> <i>High staff turnover</i>	[this points to places to invest or divest] <i>How do we price our services for these paying customers?</i> <i>How can we retain good staff to serve the new paying customers?</i>	[this points to ways to control damage] <i>How do we know whether we recover our cost and stay competitive price-wise?</i> <i>How do we gain and maintain trust in the quality of our services?</i>

Round 2: Lead the group to identify other strengths and weaknesses, not yet mentioned and relate them to opportunities and threats. Alternately, a number of large matrices like the one above could be made and posted around the room. Individuals can wander around and in small groups discuss critical issues and add them to the matrix.

Round 3: Guide the group to examine the matrix they constructed and the critical issues identified in each category.

Round 4: Frame each issue as a question, so that it can be clarified further, and tested against the group's vision, mission and core values.

For example: If a health services agency is widely recognized and accessible to the rural and urban poor (strength), and the government is now instituting measures to promote cost-recovery through a fee-for-service structure, the issue can be framed as: "How can we leverage name recognition and accessibility to charge low-income and middle-income clients to our service delivery points?"

Round 5: Guide a focused conversation to explore these questions: "How does the issue relate to the agency's vision, mission and core values? Which assumptions are buried in the issue? Does it relate to another issue, and can it be combined or does it need to be addressed immediately?"

Result: When all the issues have been explored in a similar way, the group is ready to make choices and select a number of goals, or directions they want to pursue.

For example: Our goal is to make our services attractive and accessible to both the emerging middle class, which is prepared to pay; and to the rural and urban poor who may not be willing to pay for services that are not of high quality and dependability.

2. *How to Select Strategies*

The Gap Analysis

While a SWOT Analysis is useful in establishing *where we want to go*, it does not necessarily aid us in determining how we will reach that destination. **The Gap Analysis**, on the other hand, centers on how we might close the gap separating our present state from that which is desired, by focussing on the identification of methods that will help an organization to achieve its desired changes, or state. These methods, constitute an organization's strategies. Like the SWOT Analysis, this tool is best applied in a brainstorming (general discussion) session among planning team members. It too requires that information be collected on the present health status of the population and the principal demographic and socio-economic characteristics that may significantly influence health status. This information might be organized using the following categories:

1. key demographic indicators
2. health services
3. health personnel
4. service coverage
5. causes of morbidity
6. nutritional status

Since the ability of a Health Department to provide quality health services depends on the strength of the institution, a similar analysis may be performed using indicators or characteristics of organizational or management effectiveness and efficiency. This information might be grouped into the following categories:

1. Personnel management
2. Financial management
3. Supplies management
4. Property management
5. Management information
6. Planning

Examples of Gap analyses are provided on the following two pages. One focuses on health sector indicators and status and the other on organizational and management indicators. Both examples are illustrative. Neither includes a comprehensive list of possible indicators or characteristics. Following the examples is a worksheet which is completed as follows.

Start by listing all of the selected indicators and characteristics for which you have information in the **first column**. Once listed, you will note that there are some indicators and/or characteristics that can not be improved upon at the district or regional level. For example, there is little anyone can do to change the low density of population in a specific region, which makes it difficult to provide routine access to a comprehensive package of primary health care. Similarly, the health sector can do little to improve the literacy rate, which has long been associated with improved health status. In a gap analysis it is important to focus efforts on those items that we can influence. Therefore, some of the indicators and characteristics from the list will be eliminated. Put an asterisk next to those health indicators and characteristics which *can* be addressed at the appropriate level of operation.

In the **second column**, proceeding one indicator and characteristic at a time, describe each in their present state, using a rate, ratio or proportion where appropriate. Then in the **fifth column**, again proceeding one indicator and characteristic at a time, describe the desired status of each of these health indicators and characteristics. In the **third column**, make a list of all of the obstacles which presently prohibit you from achieving the desired indicator (rate, ratio, proportion) or characteristic. Be aware that it is impossible to eliminate all of the obstacles that impede the achievement of optimal health status; therefore, upon listing the obstacles, you should select for consideration only those which: 1) correspond to the priority indicators, and 2) can be addressed at the participant's level of operation with their current budget and personnel. As a final step, list in the **fourth column** those strategies you feel could eliminate or reduce the impact of the obstacles.

Example 1: The Gap Analysis - Health Situation

Health Characteristics/Determinants	Present Status	Obstacles	Desired Status
Key Demographic Indicators			
% literacy			
Population growth rate			
Infant mortality rate			
Maternal mortality rate			
Health Services			
No. health services offered			
Health personnel			
Provider: population			
CHW Population			
Service Coverage			
% Children immunized			
% Institutional deliveries (<i>Illustrative data given to the right</i>)	66%	<i>access; lack trained personnel + equipment; few female professional mid-wives</i>	80%
% Mothers receiving TT			
% Women making pre-post natal visits			
% Children making well-baby visits			
Contraceptive prevalence rate			
Nutritional Status			
% Children breast-fed			
% Newborns <2500 gms			
% Children <5 yrs. <std. weight			
% Pregnant women < std. weight			
Causes of Morbidity			
Incidence of diarrhea			
Incidence of measles			
Incidence of childhood pneumonia			

Example 1: The Gap Analysis - Organizational Situation

Management Characteristics/Determinants	Present Status	Obstacles	Desired Status
Personnel Management			
% Posts with job descriptions			
% Personnel appropriately trained			
% Personnel performance review			
% Health facilities supervised/mo.			
% Expenditure for salaries			
Financial Management			
% Budget expended			
Accurate monthly budget reports			
Operational costs of all facilities known			
Estimates of service unit costs			
Supplies Management			
% Drugs available in clinics			
% Loss in storage + distribution			
Property Management			
% Medical equipment working			
% Vehicles with up-to-date logs			
% Refrigerators operating			
% Buildings with major problems			
Management Information			
% Routine service reports submitted on time			
% Districts using computers			
% Clinics analyzing service data			
Planning			
% Reg. & districts with operational plans			
% Districts file plan progress reports			

Gap Analysis Worksheet

[illegible]

D. Planning Worksheets

The following two boxes summarize some useful definitions with the intent to standardize terminology in the strategic planning process.

The Vision	The Mission Statement
<i>The Organization or Institution's vision describes what we envision in the future as a result of our efforts.</i>	<i>The mission statement describes in general terms the type of organization we are, as well as our general purpose and values</i>

Problems	Goals	Strategies	Objectives
<i>A problem is a difficulty or obstacle seen to exist between a present situation and a desired future objective. There should be 1-3 problems selected for each branch, directorate or sub-directorate.</i>	<i>A goal is a broad description of the anticipated long-term changes, resulting from work undertaken to close the gap between where you are and where you want to be. There should be 1 goal established per problem</i>	<i>Strategies map the route your organization or program chooses to achieve its goals. There should be 1-2 strategies selected per goal</i>	<i>Objectives are specific, measurable, appropriate, realistic and time-bound achievements you hope to realize. Each strategy should have a corresponding set of 1-2 tracer objectives</i>

The following box shows how the cells are arranged on the standard form for the strategic plan. An actual form or worksheet is found on the following page.

Problems	Goals	Strategies	Objectives

Strategic Plan Format

Name of Planning Group (Department/Branch/Division/Directorate): _____

Problems	Goals	Strategies	Objectives

IV. The Development of the Operational Plan

A. The Process

By identifying the problem, defining the goal, proposing strategies, and establishing objectives, we have completed the strategic portion of the planning process: We have determined "*where we are*" and "*where we want to go*," and "*how we will get there* ." The operational plan is, in effect, a continuation of the strategic plan. It contains the major activities needed to accomplish each of the objectives outlined in the strategic plan, the expected outputs resulting from the activities, the person(s) responsible for their execution, and the time line for the completion of the activities. The operational plan helps us to determine "*what we will do to get there*" and "*how we will know if we are progressing*."

As is the case with the strategic plans, some operational plans already exist at different levels of the health system. But, because the formats vary, this section of the Handbook will propose a standardized process for operational planning.

The proposed operational planning process consists of 4 steps:

1. Select Activities
2. Project Outputs
3. Assign Responsibilities and Resources
4. Schedule Activities

B. Useful Definitions

1. Selecting Activities

Activities are the specific tasks needed to fulfill the objectives, and implement the strategies. Activities should be expressed in clear, concrete terms, and in chronological order. Lower tiers of the health system should include in their operational plans only those activities for which they will be directly responsible.

Example: Using the objectives from the first section, some corresponding <i>Activities</i> might include:	
OBJECTIVES:	ACTIVITIES:
85% DPT3 coverage in children 12-18 months of age by (specific date)	1. Prepare maps of the area, indicating households with children 12-18
	2. Make a list of the supplies required and order them
	3. Draft promotional plan to inform the community about the campaign
90% of STD cases being managed according to syndromic management norms by (specific date)	1. Conduct training for all pertinent staff in syndromic management
	2. Design a wall-chart with norms expressed clearly
	3. Develop a system for ordering and tracking required drugs

2. *Projecting Outputs*

Outputs are the end product(s) that are expected from the successful implementation of an activity or a cluster of activities. They should be expressed in absolute and objective terms. Outputs should provide clear evidence of the successful execution of the activity or cluster of activities.

Example: Continuing with the example above, examples of *Outputs* resulting from the execution of the activities might include:

ACTIVITIES:	OUTPUTS:
1. Prepare maps of the area, indicating households with children 12-18	1. Maps of each target community, showing where children may require immunization
2. Make a list of the supplies required and order them	2. Complete list of supplies required to immunize with DPT3 (and other vaccines)
3. Draft promotional plan to inform the community about the campaign	3. Existence of printed material to post on buses and in stores informing of the campaign; plan for radio spots to be aired

3. *Assigning Responsibilities*

During this phase of the development of the operational plan, determine the person(s) who will be responsible for executing each activity or cluster of activities. When assigning a person(s) to the activity, it is important to be as specific as possible to ensure accountability, follow-up, and support to the individual or individuals.

Example: Continuing with the example from above, examples of *Person(s) Responsible* for the execution of the activities might include:

ACTIVITIES:	RESPONSIBLE:
1. Prepare maps of the area, indicating households with children 12-18	Community Health Workers belonging to each community
2. Make a list of the supplies required and order them	Clinic Nurse or Pharmacist
3. Draft promotional plan to inform the community about the campaign	Community Health Educator or Health Promotor

4. *Scheduling Activities*

The activity time line, also known as the Gantt Chart, is an essential tool for developing an operational plan. The Gantt Chart is used to display the major activities in their planned chronological sequence. The Chart should show the month or quarter in which each activity, or cluster of activities, will be carried out. At a single view, the Gantt Chart allows the planners and managers to assess the workload of each staff member. Furthermore, the time line can also be used to monitor activities and outputs. A time line is normally developed at the beginning of the operational planning cycle, and is then updated on a regular basis, as deadlines shift.

Example: Using a Gantt Chart to schedule the execution of the activities

		Month											
Activities:	4 = Completion Date of Activity	J	F	M	A	M	J	J	A	S	O	N	D
	, = Completion date of task												
1. Prepare maps of the area, indicating households w/children 12-18 mths of age		4 (1st)											
<i>/Call a meeting w/CHWs to describe mapping assignment and provide materials</i>	,												
<i>/Call a second meeting to review maps</i>	,												
<i>/Estimate number of children 12-18 mths of age</i>	,												
2. Make a list of the supplies required and order them		4 (4th)											
<i>/Based on number of children targeted, calculate the number of vaccines needed</i>		,											
<i>/Order the vaccines for arrival before the campaign</i>		,											
3. Draft promotional plan to inform community about campaign		4 (4th)											
<i>/Prepare printed materials in local dialect</i>	,												
<i>/Recruit students to post materials</i>		,											
<i>/Develop, test and schedule radio spots</i>	,	,											

While activities are broad events that take place over the course of 1-2 months, tasks are the day-to-day responsibilities which must be carried out. In this example, the activities are indicated in **bold**, tasks are represented in *italics*. Although it is not necessary to plot the tasks on the Gantt Chart, some people find it helpful.

C. Tools

1. How to Select your Activities

In order to select the most appropriate activities, it is important to analyze the key forces that enhance change, and those that inhibit change from occurring. Driving, or enhancing, forces are those that push change in the direction of your objective. Restraining forces are those that resist or inhibit change. This analysis is referred to as **Force Field Analysis**.

A second tool, the **Activity Feasibility Checklist**, helps to assess the practicality of individual activities from an extensive list of possible activities.

a. Force Field Analysis

The activities selected should have a direct impact on the fulfillment of the objective. Does the activity support a driving force or inhibit a restraining force? The first step in conducting a force field analysis is to create a table with 2 columns. The first column shows the existing forces that support fulfillment of, or change toward, the objective. In the second column you list those forces that restrain progress toward our objective (or implementation of the strategy).

Example: The Force Field Analysis

OBJECTIVE: 85% DPT3 coverage in children 12-18 months of age by a specific date.		
	Driving Forces	Restraining Forces
	Ø	
	Ø	
	Ø	
	Ø	

The next step is to identify those driving forces which you can affect at this time. Once this is done, you are ready to start selecting activities. The activities you select should serve 2 purposes: 1) enhance the driving forces, and/or 2) reduce or eliminate the restraining forces.

OBJECTIVE: 85% DPT3 coverage in children 12-18 months of age by a specific date.		
	Driving Forces	Activities Restraining Forces

b. The Activity Feasibility Checklist

There are a variety of issues to consider in deciding whether a given activity is appropriate in a given context. In some cases, while an activity is feasible at one level, it is nearly impossible to implement at another level. In effect, the Activity Feasibility Checklist this is a reality check, which helps to make sure you select those activities which have the greatest possibility for successful execution.

Example: The Feasibility Checklist

Activity	U	Checklist
		Criteria
U = Activity meets criterion ; = Activity does not meet criterion N/A = Criterion is not applicable to activity	U	Supports strategy and/or objective
	U	Falls within acceptable policy framework
	U	Can be accomplished within appropriate time frame
	U	Can be accomplished with acceptable amount of capital investment
	U	Can be accomplished with acceptable amount of recurring costs
	U	Is administratively feasible
	U	Can be accomplished with acceptable amount of physical maintenance
	U	Can be done given the availability of trained personnel
	U	Is socially acceptable
	U	Can affect the required output directly

Objectives	Activities	Outputs	Responsible	Time line
Objectives are specific, measurable, appropriate, realistic and time-bound achievements you hope to realize. Each strategy should have a corresponding set of 1-2 objectives	Activities are the tasks needed to fulfill the objectives. Activities should be expressed in clear, concrete terms, and in chronological order. Each objective should have 1-3 corresponding activity	Outputs are the end results that are expected from the successful implementation of the activities. They should be expressed in absolute terms, so that there is clear evidence of their existence. Each activity or cluster of activities should have a corresponding output	Here is where note the name(s) of the person(s) assigned to execute each activity or cluster of activities. When assigning a person to the activity, it is important to be as specific as possible to ensure accountability, follow-up and support to that individual	The Time line, or Gantt Chart, is used to display the major activities in their planned chronological sequence. The Chart shows the month or quarter in which each activity, or cluster of activities, will be carried out

[illegible]

Name of National or Provincial level Planning Group(Department/Branch/Division/Directorate):

District: _____

Objective:_____

[illegible]

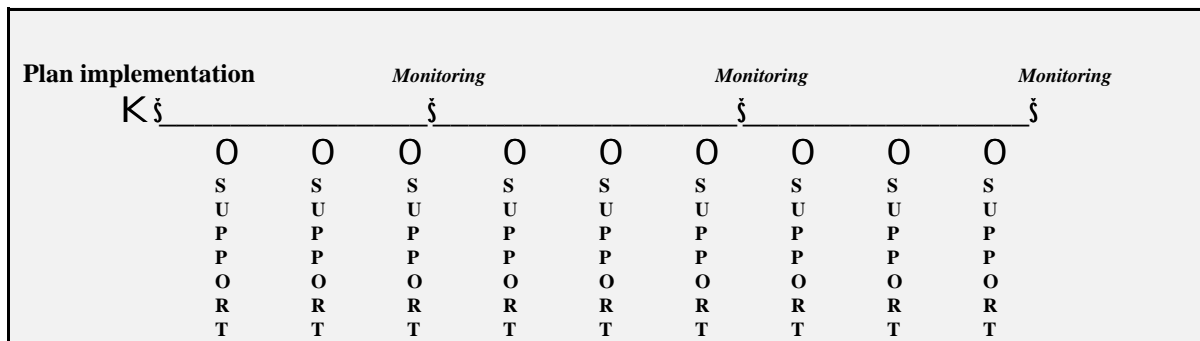
V. Support and Monitoring of Operational Plans

A. The Process

Preparing and implementing operational plans at different levels of the health care system means that, aside from supporting and monitoring activities at your respective level, you should think about ways in which you can support and monitor the implementation of activities at the lower tiers of the health care delivery system. These supporting and monitoring activities should be programmed in your operational plans.

The process for supporting and monitoring an operational plan is cyclical. Support is provided by the higher levels of the system to the lower tiers of the system on a continuous basis, in those specific areas deemed essential for the execution of activities and the production of outputs as outlined in the operational plan. Monitoring, on the other hand, occurs at pre-determined intervals. Monitoring is done to assess the degree to which outputs have been produced and to reveal and resolve any problems impeding progress. The results of the monitoring visits are used to identify the support required during the next implementation interval.

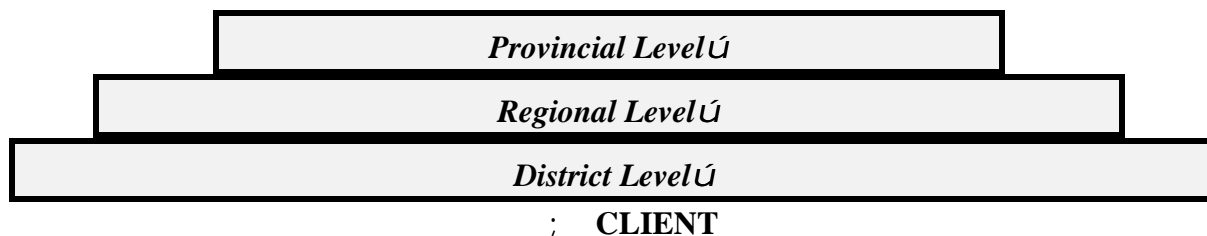
Below is a depiction of the operational plan support and monitoring process.



B. Useful Definitions

1. Supporting the Implementation of the Operational Plan

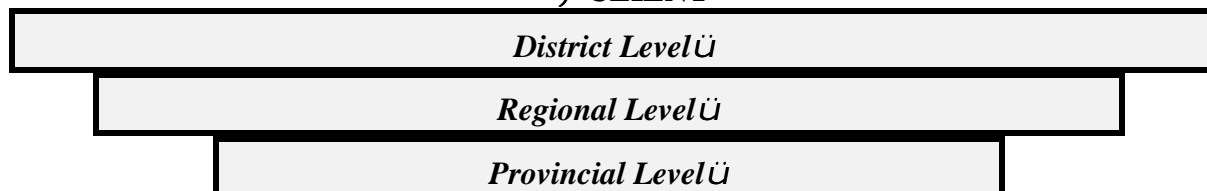
One of the most striking aspects of the Total Quality Management movement is its insistence on inverting the organizational pyramid to suggest that all mid- and senior level managers must work to support the “first contact” staff, since it is they who have direct contact with the clients and are best positioned to assess the clients’ needs and preferences.

Traditional Management

Total Quality Management requires that all non-first contact staff members work to support their “first contact” colleagues. This model is particularly applicable in the health care setting, where clinic staff require training, materials, supervision, monitoring and guidance from the regional level, who, in turn, depend upon the higher levels for policies, norms, protocols, budgets, and staff. At the same time, each level requires specific support from their subordinate level, such as data from the district level, and financial reports from the regional level. Moreover, each level depends upon its own staff to support its efforts. This is especially evident at the higher levels, where cross-Program and cross-Branch support and collaboration is imperative.

Total Quality Management

) CLIENT



To support the implementation of operational plans, at all levels, you should be prepared to help them improve their management structures, skills and systems, specifically in the areas of: organizational structure, personnel development, team work, leadership, delegation, supervision, motivation, information systems, supplies and logistics management, and financial management.

Example: Management areas requiring Support from higher tiers	
Organizational Structure	<i>To achieve projected outputs more easily, it might be necessary to change the organizational structure to link service and managerial functions</i>
Personnel Development	<i>The types of personnel required at each level of the health care system will depend on the local situation; however, the level of manpower and skills should match the activities that need to be carried out. It is important to review staff distribution and their training needs on a systematic basis</i>
Team Work	<i>Teamwork should be synonymous with synergy: a state in which the collective skills, knowledge and practices of others are pooled to generate a result that is greater than the sum of the individual parts an essential feature of health service delivery. Well-functioning teams have a significant influence on improving effectiveness and productivity, but they do not occur by accident. Strong teams are comprised of individuals who can contribute complementary skills and experiences to the group effort</i>
Leadership	<i>Leadership means influencing others so that they achieve specific goals. This means working with others to define realistic goals, and then delegating tasks, supervising activities and motivating staff to ensure the goals are met</i>
Delegation	<i>Delegation can be defined as “investing subordinates with the authority to perform the manager’s job on the manager’s behalf.” The starting point in the delegation process is to examine the managers’ job descriptions to determine which tasks can be assigned to a subordinate</i>
Supervision	<i>Though supportive supervision of health personnel is recognized as an important factor in good management, it is often infrequent, of poor quality, and viewed as a form of “inspection.” For this reason, an effort should be made to establish a supervisory system to ensure the timely and effective implementation of activities</i>
Motivation	<i>In the management context, motivation refers to those efforts made to help staff carry out their tasks responsibly and efficiently, while encouraging them to strive for higher achievements. As a supervisor, you can be a powerful motivating force for your staff even if you can’t motivate them through increased financial incentive by recognizing their performance, coaching them, providing training and opportunities for advancement</i>
Information Systems	<i>A management information system (MIS) systematically gathers information on a variety of different functions in an organization or program in order to permit a manager to plan, monitor, and evaluate the operations and the performance his/her organization, program, or project</i>
Supplies and Logistics Systems	<i>Adequate support for the health care system demands strong management of drugs and supplies, including their procurement, distribution, and transport, as well as the maintenance of buildings and equipment</i>
Financial Management	<i>The hallmark of a good manager is the ability to use resources efficiently. There are 3 major financial considerations at the lower tiers of the health care system: the ways in which resources are allocated and controlled at more central levels; the allocation and management of resources at the middle level (district); and the mobilization and use of local financial resources for primary health care</i>

2. *Monitoring the Implementation of the Operational Plan*

Monitoring is the process of measuring, coordinating, collecting, processing, and communicating information of assistance to managers and decision-makers. It is a critical part of the implementation phase of an operational plan, since it provides feedback that can be used to modify the plan and identify areas in which additional support is required.

Example: Monitoring form to assess progress		Time line											
ACTIVITIES:	OUTPUTS:	J	F	M	A	M	J	J	A	S	O	N	D

MONITORING NOTES: The Activities <ol style="list-style-type: none"> 1. Were all of the activities executed? 2. If not, which ones were not and why? 3. Were all of the activities executed on time? 4. If not, which ones were not and why? 5. Did the person(s) responsible execute the activities? 6. If not, why? 7. Do any of the activities need to be rescheduled? Which ones? 8. Do any of the activities need to be canceled? Which ones? 9. Should additional activities be programmed? Which ones? 	MONITORING NOTES: The Outputs <ol style="list-style-type: none"> 1. Were all of the outputs produced? 2. If not, which ones were not and why? 3. Were all of the outputs produced on time? 4. If not, which ones were not and why? 5. Did the person(s) responsible produce the outputs? 6. If not, why? 7. Do any of the outputs need to be redefined? Which ones? 8. Do any of the outputs need to be eliminated? Which ones? 9. Should additional outputs be programmed? Which ones?
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The sources of information used in monitoring activities and outputs include monthly, quarterly, and annual reports; data on notifiable diseases; and special surveys.

The results of the monitoring instruments should identify immediate problems or deviations from the established plan and to find quick, practical solutions. Monitoring is based on a comparison between programmed activities and outputs and actual performance.

C. Tools

1. *How to Identify Areas of Support Needed to Implement the Plan*

Generally, we pass through different stages of professional development. As an individual matures professionally, s/he demonstrates capabilities that characterize each stage. To help identify these stages, one can conduct a Personnel Development Assessment (PDA) to observe and measure the degree of professional development in staff. These observations and measurements are used to determine where an individual or group of individuals need support to improve management structures, expand their own skills, and implement management systems. Once the stage of development of the individual is known, a professional support plan can be developed to assist with moving the staff member to a more advanced stage of professional development.

a. The Personnel Development Assessment

The Personnel Development Assessment is a 4 step methodology that allows an organization or a program to collect, analyze, and use information to develop its staff, in 4 progressive stages, which can be based on weeks, quarters, or some other time interval. The PDA should be carried out by those responsible for monitoring the implementation of the operational plans.

Example: The Steps and Processes of the PDA Cycle

Steps	Process
Create a Management Skills Map	<i>To create a management skills map, you need to <u>select the key management areas</u> necessary for the functioning of the individual or group of individuals in their organization or program. These might include: organizational structure, personnel development, leadership, financial management, etc. Next, you need to <u>develop indicators</u> showing what is expected from each management area. Both the management areas and the corresponding indicators should be drawn from the operational plans. Finally, you establish <u>characteristics</u> for each indicator. These characteristics are plotted along the different support stages, reflecting, in each successive horizontal cell, a degree of measurable progression from the preceding cell. The characteristics and the management areas should be specific to the functions of the individual.</i>
Develop the Personnel Development Support Plan	<i>The results from the assessment should be used to <u>develop a personnel development support plan</u>, which will describe the types and level of support needed by the particular individual. This might include: management coaching, on-site training, formal training, supervision, or materials support.</i>
Monitor the Operational Plan	<i>Once the management skills map has been completed, you need to conduct periodic monitoring of the implementation of the operational plan.</i>
Analyze the Results of Monitoring	<i>Once analyzed by the monitoring team, the <u>monitoring results</u> will indicate to you: 1) where your staff or supervisee is on their personnel development continuum for each of the management indicators you have developed; 2) whether or not you need to revise the reference criteria to be more or less ambitious; and 3) what areas of support are required by the individual to enter the next stage of development.</i>

Example: Management areas requiring Support from higher tiers	
Organizational Structure	<i>To achieve projected outputs more easily, it might be necessary to change the organizational structure to link service and managerial functions.</i>
Personnel Development	<i>The types of personnel required at each level of the health care system will depend on the local situation; however, the level of manpower and skills should match the activities that need to be carried out. It is important to review staff distribution, their performance, and their training needs on a systematic basis.</i>
Team Work	<i>Teamwork should be synonymous with synergy: a state in which the collective skills, knowledge and practices of others are pooled to generate a result that is greater than the sum of the individual parts. Well-functioning teams have a significant influence on improving effectiveness and productivity, but they do not occur by accident. Strong teams are comprised of individuals who can contribute complementary skills and experiences to the group effort.</i>
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Supervision	<i>Though supportive supervision of health personnel is recognized as an important factor in good management, it is often infrequent, of poor quality, and viewed as a form of “inspection.” For this reason, an effort should be made to establish a supervisory system to support and encourage the timely and effective implementation of activities.</i>
Motivation	<i>In the management context, motivation refers to those efforts made to help staff carry out their tasks responsibly and efficiently, while encouraging them to strive for higher achievements. As a supervisor, you can be a powerful motivating force for your staff even if you can’t motivate them through increased financial incentive by recognizing their performance, coaching them, providing training and opportunities for advancement.</i>
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Example: The Personnel Development Assessment Instrument

Management Area and Indicators	Characteristics			
	Stage I of Support	Stage II of Support	Stage III of Support	Stage IV of Support
Management Area				
Indicators				
Management Area				
Indicators				
Management Area				
Indicators				
Management Area				
Indicators				

[illegible]

Worksheet: Monitoring of Plan Implementation

Objectives	Activities	Outputs	Person(s) Responsible	Time line											
				J	F	M	A	M	J	J	A	S	O	N	D

MONITORING NOTES:**The Activities**

- | | | |
|--|-----|----|
| 1. Were all of the activities executed? | YES | NO |
| If not, which ones were not and why? _____ | | |
| 2. Were all of the activities executed on time? | YES | NO |
| If not, which ones were not and why? _____ | | |
| 3. Did the person(s) responsible execute the activities? | YES | NO |
| If not, why? _____ | | |
| 4. Do any of the activities need to be rescheduled? | YES | NO |
| Which ones? _____ | | |
| 5. Do any of the activities need to be canceled? | YES | NO |
| Which ones? _____ | | |
| 6. Should additional activities be programmed? | YES | NO |
| Which ones? _____ | | |

MONITORING NOTES:**The Outputs**

- | | | |
|---|-----|----|
| 1. Were all of the outputs produced? | YES | NO |
| If not, which ones were not and why? _____ | | |
| 2. Were all of the outputs produced on time? | YES | NO |
| If not, which ones were not and why? _____ | | |
| 3. Did the person(s) responsible produce the outputs? | YES | NO |
| If not, why? _____ | | |
| 4. Do any of the outputs need to be redefined? | YES | NO |
| Which ones? _____ | | |
| 5. Do any of the outputs need to be eliminated? | YES | NO |
| Which ones? _____ | | |
| 6. Should additional outputs be programmed? | YES | NO |
| Which ones? _____ | | |

How to bring the Operational Plans to Life?**Possible Processes to Support and Monitor Implementation of Operational Plans**

1. Include the following topics on the agendas of monthly Regional Office staff meetings, monthly District Office staff meetings, and the monthly Regional District Review meetings attended by district managers and regional office staff..
 - a. review of progress in implementing the operational plan
 - b. next steps in implementing the operational plan
 - c. support needed from other levels in the Department of Health in implementing the operational plan
2. Develop, at any level, short-term Action Plans (1-3 months) for certain priority Activities.
3. In an ongoing process, ensure that supporting Activities, which an office at a specific MOH level needs from another level in order to implement its own operational plan, are included in the supporting levels operational plan (e.g., supporting Activities which should be included in a Regional Office's Operational plan because a specific a District needs these supporting activities by the Regional Office in order for the District to implement its own operational plan).
4. Hold quarterly 1-2 day facilitated workshops at the regional level for the same group of regional staff and district staff that attended the Operational Planning Review Workshops.
5. Hold a quarterly 1-1 ½ day facilitated Operational Plan Review Workshops.
6. Districts, regions, and departments or directorates, who have already developed their operational plans on wall-mounted color-coded cards, can place their plans on their office walls, refer to them during meetings, and update them as needed.
7. Keep the emphasis on support and accomplishment of realistic implementation through the above mechanisms (What is possible? How do we do it? How can we work together? What coordination is necessary?), rather than formal progress reporting formats or critical inspection of whose fault it is that specific outputs of an operational plan have not been completed as planned. Keep the emphasis on continuous progress and improvement over time rather than the meeting of specific deadlines.